

# Religious Involvement and Attitudes Toward Parenting Among Low-Income Urban Women

Terrence D. Hill

*University of Miami, Coral Gables*

Amy M. Burdette

*The University of North Carolina at Chapel Hill*

Mark Regnerus

Ronald J. Angel

*The University of Texas at Austin*

The authors employ data from the Welfare, Children, and Families project, a probability sample of 2,402 low-income women with children living in low-income neighborhoods in Boston, Chicago, and San Antonio, to test whether religious attendance is associated with parental satisfaction, perceived parental demands, and parental distress over 2 years. They also consider three potential mediators of the association between religious attendance and attitudes toward parenting: social support, self-esteem, and psychological distress. Results show that women who frequently attend religious services report greater parental satisfaction, perceive fewer parental demands, and report less parental distress than do women who attend less frequently. The authors also find that the mediators under study help to partially explain the relationship between religious attendance and attitudes toward parenting.

**Keywords:** *parenting attitudes; religion; low income; urban families and communities*

Although studies show that religious involvement is associated with favorable parenting attitudes and behaviors, it is unclear whether these general patterns extend to low-income urban families. This gap in the

---

**Authors' Note:** Please address correspondence to Terrence D. Hill, Department of Sociology, University of Miami, 5202 University Drive, Merrick Building 120, Coral Gables, FL 33146; e-mail: [tdh@miami.edu](mailto:tdh@miami.edu).

literature is especially glaring because religious institutions are one of the few social institutions that are well represented in the poorest neighborhoods (Foley, McCarthy, & Chaves, 2001). Along with providing a variety of social services, religious institutions serve as one of the few family-oriented resources available for people living in low-income urban communities.

Research shows that religious involvement is associated with a variety of family outcomes, including marital duration and satisfaction, authoritative parenting practices, and parenting consistency (Brody, Stoneman, Flor, & McCrary, 1994; Thornton, 1985; Wilcox, 1998). Studies also show that religious involvement is associated with positive family interaction, including higher levels of family cohesiveness, family well-being, and parental responsiveness and involvement (Abbott, Berry, & Meredith, 1990; Brody, Stoneman, & Flor, 1996; Cain, 2007; Mahoney, Pargament, Tarakeshwar, & Swank, 2001).

Despite consistent links between religion and the family, only a few studies have examined the association between religious involvement and parenting outcomes among low-income families. Nevertheless, research suggests that low-income parents who score high on religiosity (a multi-item index measuring public and private forms of religious involvement) tend to report favorable parent-child interactions (Strayhorn, Weidman, & Larson, 1990) and child-centered disciplinary attitudes, such as being open to the child's point of view rather than expecting unyielding obedience to parental authority (Kelley, Power, & Wimbush, 1992). Low-income parents who are religiously involved also tend to report fewer coercive parenting strategies than do their less religious counterparts (Wiley, Warren, & Montanelli, 2002).

If religious involvement is correlated with favorable parenting outcomes, then it is important to consider the role of religion in the lives of low-income families. Compared with more affluent parents, low-income parents tend to be less attentive, responsive, and warm (Hanson, McLanahan, & Thomson, 1997). Studies also show that low-income mothers tend to hold less favorable attitudes toward parenting and are more likely to value obedience, to issue commands, and to use physical punishments (Jackson et al., 1999; McLoyd, 1990; Peterson & Hawley, 1998). Although low socioeconomic status is often correlated with poor home environments and inadequate parenting practices, there is considerable variation in the quality of family life among those living in poverty (Bradley et al., 1994). For example, research shows that warm and responsive parenting may protect children against some of the negative consequences of economic hardship by providing a sense of security and trust—an environment that is likely to foster healthy development and

psychological well-being (Bradley et al., 1994; Ge, Conger, Lorenz, & Simons, 1994).

In this article, we focus on the association between religious involvement and attitudes toward parenting, for several reasons. Although a number of studies have considered the association between religious involvement and parental behaviors, less is known about the connection between religious involvement and parental attitudes, which can be important indicators of parental well-being. Parental attitudes are important because they are correlated with parental behaviors (Holden, 1995; Meyers & Battistoni, 2003). In a study of African American mothers, Oyserman and colleagues (Oyserman, Bybee, Mowbray, & MacFarlane, 2002) showed that parental attitudes are among the strongest correlates of parental involvement and parenting style. If parental attitudes are associated with parental behaviors, then parental attitudes may represent important conceptual links between religious involvement and parental behaviors. If we disregard parental attitudes, we run the risk of overlooking significant determinants of parental behaviors.

Taking into account the lack of research on religion and attitudes toward parenting among low-income families, we examine two important research questions: First, is religious involvement associated with more favorable attitudes toward parenting among low-income women? Second, if so, what factors might mediate or explain these associations? To answer these questions, we employed data from the Welfare, Children, and Families project, comprising a probability sample of 2,402 low-income women with children living in low-income neighborhoods in Boston, Chicago, and San Antonio. Using these data, we tested whether religious attendance is associated with parental satisfaction, perceived parental demands, and parental distress over 2 years. We also considered three potential mediators of the association between religious attendance and attitudes toward parenting: social support, self-esteem, and psychological distress.

## Theoretical Background

In this article, we propose three mechanisms that may help to explain the association between religious involvement and attitudes toward parenting among low-income women. We focus on social support, self-esteem, and psychological distress for several reasons. Studies show that people of low socioeconomic status tend to report few social resources (Klebanov, Brooks-Gunn, & Duncan, 1994; Weintraub & Wolf, 1983), low levels of self-esteem (Demo & Acock, 1996), and high levels of psychological distress (Belle,

1990; Rosen, Spencer, Tolman, Williams, & Jackson, 2003). Individuals who have few social resources, low self-esteem, or high levels of psychological distress are often less confident and capable as parents than other individuals. If, as research suggests, religious involvement is associated with greater social resources, higher self-esteem, and lower levels of psychological distress, then these factors could mediate the association between religious involvement and favorable attitudes toward parenting. We discuss these connections in greater detail below.

## **Social Support**

Religious involvement may be associated with favorable attitudes toward parenting through the promotion of supportive relationships and social resources. Studies show that frequent religious attendance is associated with larger and more diverse social networks, more contact with network members, more extensive family ties, more types of social support, and greater civic participation (Abbott et al., 1990; Ellison & George, 1994). Supportive relationships can be critical resources, providing parents with emotional guidance and supplemental sources of child care (McLoyd, 1990; Weintraub & Wolf, 1983). Moreover, supportive networks can offer advice on successful parenting strategies and practices (Wilcox, 2002). Research also suggests that social support can have important implications for parental attitudes. For example, some scholars argue that social support may buffer parents from stressful circumstances that arise from the parental role and, as a consequence, foster more positive attitudes toward parenting (Meyers & Battistoni, 2003; Peterson & Hawley, 1998). If religious involvement is associated with greater social support and if social resources help to make parenting manageable, the association between religious involvement and favorable attitudes toward parenting may be at least partially mediated by social support.

## **Self-Esteem**

The association between religious involvement and favorable attitudes toward parenting may be explained by the promotion of important psychological resources such as self-esteem. Religious attendance provides people with the opportunity to interact with those who hold similar values and beliefs (Ellison, 1994). These interactions can be important for self-esteem because they reinforce positive role identities and role expectations. According to Ellison (1993), active religious participants are valued for skills and abilities that are connected with church-related activities (e.g., singing and teaching), respected for service to others in the community (e.g., volunteering), and admired for personal spiritual qualities (e.g., wisdom

and morality). Positive self-perceptions gained through religious involvement may be especially valuable for parents who lack important socially valued achievements (e.g., education, employment, and income), as do many of the women in our sample. Studies have shown that self-esteem is an important correlate of attitudes toward parenting. For example, parents with low self-esteem tend to report low levels of perceived parental empathy and are likely to value physical punishment (Lutenbacher, 2002; Meyers & Battistoni, 2003). Small (1988) explains that because persons with high self-esteem tend to be confident and capable, they are more likely to perform effectively in the parental role and hold positive attitudes toward parenting. If religious involvement is associated with higher levels of self-esteem and if positive self-perceptions help to make people more confident and capable as parents, then the association between religious involvement and favorable attitudes toward parenting may be at least partially mediated by self-esteem.

## Psychological Distress

Finally, religious involvement may be associated with favorable attitudes toward parenting, through the avoidance of psychological distress. Recent reviews of the literature provide convincing evidence that religious involvement is associated with better mental health and psychological well-being (see Hackney & Sanders, 2003; Koenig, McCullough, & Larson, 2001). In the *Handbook of Religion and Health*, Koenig and colleagues (2001) note that religious involvement is correlated with several factors that are known to benefit mental health, including greater hope and optimism, a greater sense of meaning and purpose, and greater social support. Research also suggests that mental health can have important consequences for attitudes toward parenting. For example, parents with higher levels of psychological distress tend to report higher levels of parental stress and lower levels of perceived parental competence and parental empathy (Lutenbacher, 2002; Oyserman et al., 2002). If religious involvement is associated with lower levels of psychological distress, then the association between religious involvement and favorable attitudes toward parenting may be at least partially mediated by psychological distress.

## Method

### Sample

The data for this investigation come from the Welfare, Children, and Families project (see <http://www.jhu.edu/~welfare/>). This project is a household-based, stratified random sample of 2,402 low-income families from Boston,

Chicago, and San Antonio. The data were collected in 1999 with a follow-up in 2001. The Welfare, Children, and Families project first sampled census blocks (or neighborhoods) with at least 20% of residents below the federal poverty line, based on the 1990 census. Within these neighborhoods, households under 200% of the poverty line were sampled, with an oversample of households below 100% of the poverty line. Because one of the goals of the project was to assess the impact of welfare policy and work on children, households were screened for the presence of children. Households with preschool children (4 years old and younger) and young adolescents (10-14 years old) were sampled. The children's caregivers, all women, were interviewed face-to-face. The baseline response rate was 75%, and approximately 89% of the original sample was reinterviewed.

## Parental Attitudes

Subsequent analyses focused on three attitudes toward parenting: parental satisfaction, perceived parental demands, and parental distress. The items for these indices appear in the Challenges to Parenting section of the interview, and the Welfare, Children, and Families project adapted these items from the Parenting Stress Index (Abidin, 1995). Parental satisfaction measures parent-child attachment and parental competence. Parental demands include parental role restrictions and parental social isolation. Finally, parental distress measures negative emotions and dispositions directed toward the child. Table 1 shows the results of an exploratory factor analysis, including index items, factor loadings, coding information, and descriptive statistics.

## Religious Involvement

We used religious attendance as our primary measure of religious involvement. Respondents were asked to indicate how often in the past 12 months they had attended religious services. Response categories for this item range from 0 (*never*) to 4 (*more than once per week*). Although we would have preferred to use multiple measures of religious involvement, the data are limited to religious attendance. The religious attendance measure yielded a mean of 1.57 and a standard deviation of 1.19.

## Social Support

In this article, social support equates to perceived social support, which is the mean response to four items. Respondents were asked to indicate how many people they could count on to listen to their problems when they were

**Table 1**  
**Factor Loadings From an Exploratory Factor Analysis of**  
**Parenting Attitude Items Measured at Waves 1 and 2**

Item	Parental Satisfaction		Parental Demands		Parental Distress	
	Wave 1	Wave 2	Wave 1	Wave 2	Wave 1	Wave 2
I get more satisfaction out of being a parent than I thought I would.	<b>.68</b>	<b>.74</b>	-.15	-.18	-.18	-.16
Being a parent is one of the best parts of my life.	<b>.73</b>	<b>.80</b>	-.07	-.12	-.21	-.16
I have more fun with my child than with anyone else.	<b>.73</b>	<b>.64</b>	.05	.03	-.11	-.19
If anyone can find the answer to what is troubling my child, I can.	<b>.68</b>	<b>.62</b>	.06	.07	-.23	-.36
Parenting is such a big job, it cuts me off from other people.	-.45	-.05	<b>.74</b>	<b>.69</b>	.26	.34
Being a parent is harder than I thought it would be.	-.03	-.07	<b>.67</b>	<b>.68</b>	.37	.38
I put so much into parenting, I don't have time for myself.	.03	-.03	<b>.81</b>	<b>.79</b>	.22	.14
I feel overwhelmed by my responsibilities as a parent.	-.11	-.15	<b>.70</b>	<b>.73</b>	.39	.38
Sometimes my child really bothers or annoys me.	-.15	-.12	.29	.28	<b>.78</b>	<b>.78</b>
I don't have as much patience with my child as I should.	-.18	-.24	.35	.35	<b>.75</b>	<b>.71</b>
I often feel angry with my child.	-.25	-.29	.32	.32	<b>.78</b>	<b>.73</b>
Eigenvalues	1.96	1.87	3.01	3.08	1.04	1.02
Variance (%)	17.83	16.96	27.36	28.05	9.42	9.25
Index <i>M</i>	4.26	4.25	3.08	3.03	2.45	2.46
Index <i>SD</i>	0.64	0.64	1.03	1.02	0.95	0.94
Alpha reliability	.66	.66	.72	.71	.66	.63
<i>n</i>	2,344	2,052	2,344	2,052	2,344	2,052

Note: Factor loadings were estimated using principal components analysis, specifying a minimum eigenvalue of 1, with promax rotation. Factor loadings over .50 appear in bold font. Mean scores were computed for corresponding items with factor loadings over .50. Response categories for all items range from 1 (*strongly disagree*) to 5 (*strongly agree*). Wave 1 = data collected in 1999; Wave 2 = data collected in 2001.

feeling low, take care of their children when they were not around, help them with small favors, and loan them money in case of an emergency. Response categories for these items range from 1 (*no one*) to 3 (*enough people*). The social support measure yielded a mean of 2.28, a standard deviation of .56, and an alpha reliability coefficient of .81.

## Self-Esteem

Self-esteem was measured as the mean response to eight items that were developed by Rosenberg (1965) and are known to have adequate reliability and validity (Blascovich & Tomaka, 1991). For example, respondents were asked to indicate the extent to which they agree or disagree with the following statements: "I take a positive attitude toward myself," "All in all, I am inclined to feel that I am a failure," "On the whole, I am satisfied with myself," and "I feel I don't have much to be proud of." Response categories for these items range from 1 (*strongly disagree*) to 4 (*strongly agree*). The self-esteem measure yielded a mean of 3.39, a standard deviation of .55, and an alpha reliability coefficient of .78.

## Psychological Distress

We use the Depression subscale of the Brief Symptom Inventory to measure psychological distress (Derogatis, 2000). Depression is measured as the mean response to six items. Respondents were asked to indicate how much during the past 7 days they were distressed or bothered by feeling no interest in things, feeling lonely, feeling blue, feeling worthless, feeling hopeless about the future, and having thoughts of ending their lives. Response categories for these items range from 1 (*not at all*) to 5 (*extremely*). The depression measure yielded a mean of 1.51, a standard deviation of .67, and an alpha reliability coefficient of .84.

## Background Factors

Subsequent multivariate analyses included controls for age (in years), race/ethnicity (non-Hispanic White, Mexican, and other Hispanic, compared with Black), education (in years), employment status (1 = *worked for pay in past week*), marital status (1 = *married and living with spouse*), caregiver status (1 = *nonbiological caregiver*), presence of a young child (1 = *child under age 5 present in household*), and number of children (continuous). Although we were mainly interested in the effects of religious attendance, we controlled for religious affiliation (conservative Protestants and Catholics,



compared with respondents of other faiths and nonaffiliates). Because city of residence is correlated with several measures included in our analysis (e.g., race, religious affiliation, and religious attendance), we controlled for city (Boston and San Antonio, compared with Chicago). Finally, we controlled for financial hardship, which was measured as the mean response to 13 items. For example, respondents were asked to indicate how often they had to “borrow money to pay bills.” Respondents were also asked to indicate whether they had enough money to “afford housing, food, and clothing” and whether any adults or children in the household were “unable to eat for a whole day because there wasn’t enough money for food.” After each of these items was standardized to account for metric differences, the economic hardship measure yielded a mean of 0.00, a standard deviation of 0.57, and an alpha reliability coefficient of .83. Table 2 provides additional baseline descriptive statistics for the study sample.

## Main Analysis

Our analytic strategy proceeded in two stages. In the first stage, we used ordinary least squares regression to test whether religious attendance measured at Wave 1 (i.e., data collected in 1999) was associated with potential mediators and parental attitudes measured at Wave 1, net of all background factors. These models were intended to provide initial evidence for or against our main effect and mediation hypotheses. In other words, in the first stage of our main analysis, we tested whether religious attendance was associated with current attitudes toward parenting (i.e., attitudes measured at the same time as religious attendance). In the second stage of our main analysis, we used ordinary least squares regression to test whether religious attendance was associated with attitudes toward parenting 2 years later (i.e., Wave 2). We also attempted to explain any observed associations by adjusting for potential mediators.

The same analytic strategy was used for each of the three outcomes under study. Specifically, we modeled the prediction of parental attitudes measured at Wave 2 in six steps: Model 1 tested whether religious attendance measured at Wave 1 was associated with parental attitudes measured at Wave 2. Model 2 added all background factors to Model 1. This model allowed us to observe the degree to which the association between religious attendance and attitudes toward parenting is confounded by other known correlates of religious attendance and parental attitudes. Models 3-5 tested our mediation hypotheses by adding potential mediators one by one, to isolate possible indirect effects. To account for associations among social support, self-esteem,

**Table 2**  
**Descriptive Statistics for Predictor Variables Measured at Wave 1**

Variable	Range	<i>M</i>	<i>SD</i>
Age	15-74	32.79	9.93
Non-Hispanic White	0-1	.09	
Black	0-1	.43	
Mexican	0-1	.24	
Other Hispanic	0-1	.24	
Education	0-14	10.49	2.40
Employed	0-1	.41	
Economic hardship <sup>a</sup>	-1-3	0.00	0.57
Married, spouse in house	0-1	.13	
Nonbiological caregiver	0-1	.08	
Presence of a child under age 5	0-1	.51	
Number of children	0-6	2.61	1.34
Catholic	0-1	.48	
Conservative Protestant	0-1	.17	
Other religious faiths	0-1	.23	
No religious affiliation	0-1	.12	
Boston residence	0-1	.38	
Chicago residence	0-1	.32	
San Antonio residence	0-1	.30	

Note:  $n = 2,344$ . Wave 1 = data collected in 1999.

a.  $\alpha = .83$ .

and psychological distress, Model 5 included all potential mediators. We used the standard method of progressive adjustment to assess mediation, and we used the Clogg statistic (see Clogg, Petkova, & Haritou, 1995) to test for significant changes in the effects of religious attendance across nested models (i.e., before and after adjustments for potential mediators). A statistically significant reduction in the magnitude of the coefficient for religious attendance—from Model 2—would suggest mediation.

## Results

Table 3 presents the results from the first stage of the analysis. According to the results, respondents who frequently attended religious services at baseline reported higher baseline levels of social support and self-esteem and fewer symptoms of depressive than did respondents who attended church

**Table 3**  
**Ordinary Least Squares Regression of Potential Mediators and Parental Attitudes Measured at Wave 1 on Religious Attendance**

	Social Support	Self-Esteem	Depression	Parental Satisfaction	Parental Demands	Parental Distress
Religious attendance	.04**	.04**	-.03**	.04**	-.07**	-.11**
<i>SE</i>	.01	.01	.01	.01	.02	.02
<i>F</i>	17.07**	14.66**	19.57**	4.18**	12.72**	12.65**
<i>R</i> <sup>2</sup>	.10	.09	.12	.03	.08	.08

Note:  $n = 2,344$ . All models include controls for age, race, education, employment status, marital status, caregiver status, presence of a young child, number of children in the household, religious affiliation, city of residence, and financial hardship. Wave 1 = data collected in 1999. \*\* $p < .01$ .

less frequently. Furthermore, frequent religious attendance at baseline was associated with greater parental satisfaction, fewer perceived parental demands, and less parental distress at baseline. It is important to note that these associations persisted with controls for several relevant background factors. A comparison of standardized regression coefficients across models suggests that current religious attendance is among the strongest correlates of current attitudes toward parenting.

Tables 4-6 summarize the results from the second stage of the main analysis. Table 4 presents the results for parental satisfaction measured at Wave 2. Model 1 of Table 4 shows that respondents who frequently attended religious services at baseline reported greater parental satisfaction 2 years later than did respondents who attended church less frequently. This pattern persists with controls for relevant background factors in Model 2.

Models 3-6 show a sequence of potential mediators that may help to explain the association between religious attendance and parental satisfaction. Model 3 adds social support to Model 2. Although respondents who reported greater social support reported greater parental satisfaction, the association between religious attendance and parental satisfaction is identical to that of Model 2. The lack of attenuation in the coefficient for religious attendance from Model 2 to Model 3 suggests that social support is not a significant mediator of the association between religious attendance and parental satisfaction.

**Table 4**  
**Hierarchical Ordinary Least Squares Regression of Parental Satisfaction Measured at Wave 2 on Religious Attendance and Potential Mediators Measured at Wave 1**

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Religious attendance	.04**	.04**	.04**	.03*	.04**	.03*
SE	.01	.01	.01	.01	.01	.01
Social support			.07*			.02
SE			.03			.03
Self-esteem				.18**		.14**
SE				.03		.03
Depression					-.12**	-.08**
SE					.02	.02
<i>F</i> for change in $R^2$		4.20**	7.55*	46.05**	32.63**	19.48**
$R^2$	.01	.03	.04	.05	.05	.06

Note:  $n = 2,052$ . Model 1 is unadjusted. Models 2-6 include controls for age, race, education, employment status, marital status, caregiver status, presence of a young child, number of children in the household, religious affiliation, city of residence, and financial hardship. Wave 1 = data collected in 1999; Wave 2 = data collected in 2001.

\* $p < .05$ . \*\* $p < .01$ .

Model 4 adds self-esteem to Model 2. According to the results, respondents who reported greater self-esteem reported greater parental satisfaction. Self-esteem accounts for approximately 25%  $(.04 - .03)/.04$  of the association between religious attendance and parental satisfaction, which is a statistically significant reduction,  $t = 5.00$ ,  $p < .01$ .

Model 5 adds depression to Model 2. Although respondents who reported higher levels of depression reported lower levels of parental satisfaction, depression is not a significant mediator of the association between religious attendance and parental satisfaction, as indicated by the lack of attenuation in the coefficient for attendance from Model 2.

Model 6 includes all potential mediators. In Model 6, only self-esteem and depression remain statistically significant. The results indicate that when taken together, the mediators account for approximately 25% of the association between religious attendance and parental satisfaction, which is a statistically significant reduction,  $t = 2.50$ ,  $p < .05$ . It is important to note that the association between religious attendance and parental satisfaction

**Table 5**  
**Hierarchical Ordinary Least Squares Regression of Parental Demands Measured at Wave 2 on Religious Attendance and Potential Mediators Measured at Wave 1**

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Religious attendance	-.09**	-.06**	-.05*	-.05*	-.05*	-.04*
SE	.02	.02	.02	.02	.02	.02
Social support			-.25**			-.15**
SE			.04			.04
Self-esteem				-.27**		-.14**
SE				.04		.04
Depression					.31**	.24**
SE					.03	.04
<i>F</i> for change in $R^2$		8.24**	35.65**	41.35**	84.71**	36.99**
$R^2$	.01	.07	.08	.09	.10	.12

Note:  $n = 2,052$ . Model 1 is unadjusted. Models 2-6 include controls for age, race, education, employment status, marital status, caregiver status, presence of a young child, number of children in the household, religious affiliation, city of residence, and financial hardship. Wave 1 = data collected in 1999; Wave 2 = data collected in 2001.

\* $p < .05$ . \*\* $p < .01$ .

remain statistically significant in the full model. A comparison of standardized regression coefficients across models suggests that current religious attendance is among the strongest correlates of parental satisfaction measured 2 years later.

Table 5 presents the results for perceived parental demands measured at Wave 2. Model 1 of Table 5 indicates that respondents who frequently attended religious services at baseline perceived the parenting role to be less demanding 2 years later than did respondents who attended church less frequently. This pattern remains with controls for relevant background factors in Model 2.

Model 3 adds social support to Model 2. According to the results, respondents who reported greater social support perceived the parental role as being less demanding. With the addition of social support in Model 3, the association between religious attendance and parental demands was reduced by approximately 17%, which is a statistically significant reduction,  $t = 3.33$ ,  $p < .01$ .

Model 4 adds self-esteem to Model 2. In Model 4, respondents who reported greater self-esteem perceived the parental role as being less demanding. Model 5

**Table 6**  
**Hierarchical Ordinary Least Squares Regression of Parental Distress Measured at Wave 2 on Religious Attendance and Potential Mediators Measured at Wave 1**

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Religious attendance	-.07**	-.07**	-.06**	-.05**	-.05**	-.04*
SE	.02	.02	.02	.02	.02	.02
Social support			-.13**			-.01
SE			.04			.04
Self-esteem				-.27**		-.14**
SE				.04		.04
Depression					.32**	.28**
SE					.03	.03
<i>F</i> for change in <i>R</i> <sup>2</sup>		6.89**	11.99**	48.36**	105.61**	40.09**
<i>R</i> <sup>2</sup>	.01	.05	.06	.08	.10	.11

Note:  $n = 2,052$ . Standard errors are in parentheses. Model 1 is unadjusted. Models 2-6 include controls for age, race, education, employment status, marital status, caregiver status, presence of a young child, number of children in the household, religious affiliation, city of residence, and financial hardship. Wave 1 = data collected in 1999; Wave 2 = data collected in 2001.

\* $p < .05$ . \*\* $p < .01$ .

adds depression to Model 2. As expected, respondents who reported higher levels of depression perceived the parental role as being more demanding. Models 4 and 5 reveal that self-esteem,  $t = 3.33$ ,  $p < .01$ , and depression,  $t = 2.00$ ,  $p < .05$ , account for approximately 17% of the association between religious attendance and parental demands.

Model 6 includes all potential mediators. In Model 6, social support, self-esteem, and depression remain statistically significant. The results indicate that when taken together, the mediators account for about 33% of the association between religious attendance and perceived parental demands, which is a statistically significant reduction,  $t = 3.33$ ,  $p < .01$ . Note that the association between religious attendance and perceived parental demands remains statistically significant in the full model.

Table 6 presents the results for parental distress measured at Wave 2. Model 1 of Table 6 reveals that respondents who frequently attended religious services at baseline reported less parental distress 2 years later than did respondents who attended church less frequently. This pattern persisted with controls for relevant background factors in Model 2.

Model 3 adds social support to Model 2. In Model 3, respondents who reported greater social support reported lower levels of parental distress. With the addition of social support in Model 3, the association between religious attendance and parental distress is reduced by about 14%, which is a significant reduction,  $t = 5.00, p < .01$ .

Model 4 adds self-esteem to Model 2. The results indicate that respondents who reported higher levels of self-esteem reported lower levels of parental distress. The results for Model 4 also reveal that self-esteem accounts for about 28% of the association between religious attendance and parental distress,  $t = 5.00, p < .01$ .

Model 5 adds depression to Model 2. According to the results, respondents who reported higher levels of depression reported higher levels of parental distress. In Model 5, depression explains about 28% of the association between religious attendance and parental distress,  $t = 4.00, p < .01$ .

Model 6 includes all potential mediators. In Model 6, only self-esteem and depression remain statistically significant. The results indicate that when taken together, self-esteem and depression explain about 43% of the association between religious attendance and parental distress, which is a statistically significant reduction,  $t = 5.00, p < .01$ . It is important to note that the association between religious attendance and parental distress remained statistically significant in the full model.

## Discussion

In this study, we examined whether religious involvement was associated with attitudes toward parenting among low-income urban women. We focused on low-income families because they tend to exhibit high-risk profiles for harmful parenting attitudes and behaviors, as well as negative child outcomes. Because the bulk of prior research focused on the association between religious involvement and parental behaviors, we emphasized attitudes toward parenting. We employed data from the Welfare, Children, and Families project, a probability sample of low-income women with children living in low-income neighborhoods in Boston, Chicago, and San Antonio. Using these data, we tested whether religious attendance was associated with parental satisfaction, perceived parental demands, and parental distress over 2 years. We also considered three potential mediators of the association between religious attendance and attitudes toward parenting: social support, self-esteem, and psychological distress.

The results show that religious attendance is associated with more favorable attitudes toward parenting over 2 years. Specifically, women who frequently

attended religious services reported greater parental satisfaction, perceived the parental role as being less demanding, and reported less parental distress than did women who attended religious services less frequently. The results also suggest that the mediators under study may help to partially explain these associations. Self-esteem—not social support or depression—was a significant mediator of the association between religious attendance and parental satisfaction. The association between religious attendance and perceived parental demands was partially mediated by social support, self-esteem, and to a lesser extent, depression. Finally, self-esteem, depression, and to a lesser extent, social support were significant mediators of the association between religious attendance and parental distress.

The results of the analysis are generally consistent with what other studies have found. Early in this article, we note that religious involvement is associated with a range of favorable parenting outcomes, including greater parental consistency, less coercive parenting strategies, positive parent-child interactions, and child-centered disciplinary attitudes. The results provide additional support for the idea that religious involvement is indeed associated with more favorable parental attitudes. To the best of our knowledge, we are the first to consider social support, self-esteem, and depression as potential mediators of the association between religious involvement and attitudes toward parenting.

Although the present study contributes to an understanding of the association between religious involvement and attitudes toward parenting, much remains to be investigated. Future research should continue to examine the effects of religious involvement over time. One viable strategy would be to test whether changes in religious attendance correspond to changes in attitudes toward parenting. This approach would provide convincing support for the idea that religious involvement leads to more favorable attitudes toward parenting.

Future research might also examine the effects of specific religious doctrines (e.g., biblical beliefs and sin beliefs) and other religious activities (e.g., prayer and Bible reading). It is possible that certain aspects of religious involvement (e.g., church attendance) are beneficial for parenting, whereas other aspects of religion (e.g., conservative sin beliefs) may be unrelated to or have a negative impact on parenting.

The present study has several limitations that should be acknowledged. First, there are several theoretically viable explanations for our observed associations. One alternative explanation is bias owing to social desirability. It is possible that some might have falsely responded to parenting questions to protect their religious identities and values. Because we are unable to



control for social desirability in our models, our results may exaggerate the association between religious attendance and attitudes toward parenting.

It is also important to recognize that the parental attitudes and mediators under study may influence religious attendance in the first place. People who value the parental role and other aspects of family life may attend religious services more than others simply because religious doctrine tends to support these values. Given that our analysis is based on correlations, we cannot exclude these possibilities. Another example is that people with high levels of depression may attend religious services less than others because the former, for example, have trouble sleeping or waking up and are otherwise compelled to avoid social situations and productive activities. Because religious attendance and the mediators under study are measured at the same point, we cannot eliminate these kinds of explanations.

We would also like to emphasize that although religious involvement is generally associated with favorable parental attitudes and behaviors, this is not always the case. Some research suggests that religious involvement may contribute to adverse parental outcomes. For example, Jackson and colleagues (1999) showed that parents with strong religious beliefs are more likely to verbally abuse their children. There is also some evidence to suggest that people who belong to various conservative religious denominations are more likely to approve of corporal punishment (Ellison & Sherkat, 1993). Religious institutions can also be "greedy" institutions, requiring large investments of time and energy from their members (Ellison, 1994). Under these circumstances, religious involvement could create role conflicts, which could in turn lead to unfavorable parenting attitudes and behaviors.

Finally, we would like to acknowledge some of the more basic limitations of the data. Because the data are limited to Boston, Chicago, and San Antonio, we cannot generalize our results beyond these cities. Because our data are also limited to women caregivers, it is unclear whether our results extend to men. As compared to men, women are known to exhibit higher rates of religious involvement. Thus, our results may overestimate the influence of religious involvement simply because religion is more salient in the lives of women.

In this article, we examine the association between religious attendance and attitudes toward parenting among low-income urban families. The results demonstrate that religious attendance is, at the very least, a significant correlate of favorable attitudes toward parenting over 2 years. The results also suggest that people who frequently attend religious services have more favorable attitudes toward parenting than do those who attend less frequently, partly because frequent religious attendance is correlated with higher levels of social support and self-esteem and lower levels of depression.

## References

- Abbott, D. A., Berry, M., & Meredith, W. H. (1990). Religious belief and practice: A potential asset in helping families. *Family Relations*, 39, 443-448.
- Abidin, R. (1995). *Parenting Stress Index*. Odessa, FL: Psychological Assessment Resources.
- Belle, D. (1990). Poverty and women's mental health. *American Psychologist*, 45, 385-389.
- Blascovich, J., & Tomaka, J. (1991). Measures of self-esteem. In J. Robinson, P. Shaver, & L. Wrightsman (Eds.), *Measures of personality and social psychological attitudes* (pp. 115-160). San Diego, CA: Academic Press.
- Bradley, R. H., Whiteside, L., Mundfrom, D. L., Casey, P. H., Kelleher, K. J., & Pope, S. K. (1994). Early indications of resilience and their relation to experiences in the home environment of low birth weight, premature children living in poverty. *Child Development*, 65, 346-360.
- Brody, G. H., Stoneman, Z., & Flor, D. (1996). Parental religiosity, family processes, and youth competence in rural, two-parent African American families. *Developmental Psychology*, 32, 696-706.
- Brody, G. H., Stoneman, Z., Flor, D., & McCrary, C. (1994). Religion's role in organizing family relationships: Family process in rural, two-parent African American families. *Journal of Marriage and Family*, 56, 878-889.
- Cain, D. (2007). The effects of religiousness on parenting stress and practices in the African-American family. *Families in Society*, 88, 263-272.
- Clogg, C., Petkova, E., & Haritou, A. (1995). Statistical methods for comparing regression coefficients between models. *American Journal of Sociology*, 100, 1261-1293.
- Demo, D. H., & Acock, A. C. (1996). Singlehood, marriage and remarriage: The effects of family structure and family relationships on mothers' well-being. *Journal of Family Issues*, 17, 388-407.
- Derogatis, L. (2000). *Brief Symptom Inventory 18: Administration, scoring, and procedures manual*. Minneapolis, MN: National Computer System.
- Ellison, C. G. (1993). Religious involvement and self-perception among Black Americans. *Social Forces*, 71, 1027-1055.
- Ellison, C. G. (1994). Religion, the life stress paradigm, and the study of depression. In J. S. Levin (Eds.), *Religion in aging and health: Theoretical foundations and methodological frontiers* (pp. 78-121). Thousand Oaks, CA: Sage.
- Ellison, C. G., & George, L. (1994). Religious involvement, social ties, and social support in a southeastern community. *Journal for the Scientific Study of Religion*, 33, 46-61.
- Ellison, C. G., & Sherkat, D. E. (1993). Conservative Protestantism and support for corporal punishment. *American Sociological Review*, 58, 131-144.
- Foley, M. W., McCarthy, J. D., & Chaves, M. (2001). Social capital, religious institutions, and poor communities. In S. Saegert, J. P. Thompson, & M. R. Warren (Eds.), *Social capital and poor communities* (pp. 215-245). New York: Russell Sage.
- Ge, X., Conger, R. D., Lorenz, F. O., & Simons, R. L. (1994). Parents' stressful life events and adolescent depressed mood. *Journal of Health and Social Behavior*, 35, 28-44.
- Hackney, C., & Sanders, G. (2003). Religiosity and mental health: A meta-analysis of recent studies. *Journal for the Scientific Study of Religion*, 42, 43-55.
- Hanson, T. L., McLanahan, S., & Thomson, E. (1997). Economic resources, parenting practices, and children's well-being. In G.J. Duncan & J. Brooks-Gunn (Eds.), *Consequences of growing up poor* (pp. 190-238). New York: Russell Sage.
- Holden, G. W. (1995). Parental attitudes toward childrearing. In M. H. Bornstein (Eds.), *Handbook of parenting* (Vol. 3, pp. 359-392). Mahwah, NJ: Lawrence Erlbaum.

- Jackson, S., Thompson, R. A., Christiansen, E. H., Colman, R. A., Wyatt, J., Buckendahl, C. W., et al. (1999). Predicting abuse-prone parental attitudes and discipline practices in a nationally representative sample. *Child Abuse & Neglect*, *23*, 15-29.
- Kelley, M., Power, T., & Wimbush, D. (1992). Determinants of disciplinary practices in low-income Black mothers. *Family Relations*, *51*, 265-283.
- Klebanov, P. K., Brooks-Gunn, J., & Duncan, G. (1994). Does neighborhood and family poverty affect mothers' parenting, mental health, and social support? *Journal of Marriage & Family*, *56*, 441-455.
- Koenig, H., McCullough, M., & Larson, D. (2001). *Handbook of religion and health*. Oxford, UK: Oxford University Press.
- Lutenbacher, M. (2002). Relationships between psychosocial factors and abusive parenting attitudes among low-income single mothers. *Nursing Research*, *51*, 158-167.
- Mahoney, A., Pargament, K. I., Tarakeshwar, N., & Swank, A. B. (2001). Religion in the home in the 1980s and 1990s: A meta-analytic review and conceptual analysis of links between religion, marriage and parenting. *Journal of Family Psychology*, *15*, 559-596.
- McLoyd, V. C. (1990). The impact of economic hardship on Black families and children: Psychological distress, parenting, and socioemotional development. *Child Development*, *61*, 311-346.
- Meyers, S. A., & Battistoni, J. (2003). Proximal and distal correlates of adolescent mothers' parenting attitudes. *Applied Developmental Psychology*, *24*, 33-49.
- Oyserman, D., Bybee, D., Mowbray, C. T., & MacFarlane, P. (2002). Positive parenting among African American mothers with serious mental illness. *Journal of Marriage and Family*, *64*, 65-77.
- Peterson, J., & Hawley, D. R. (1998). Effects of stressors on parenting attitudes and family functioning in a primary prevention program. *Family Relations*, *47*, 221-227.
- Rosen, D., Spencer, M., Tolman, R., Williams, D., & Jackson, J. (2003). Psychiatric disorders and substance dependence among unmarried low-income mothers. *Health & Social Work*, *28*, 157-165.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Small, S. (1988). Parental self-esteem and its relationship to childrearing practices, parent-adolescent interaction, and adolescent behavior. *Journal of Marriage and Family*, *50*, 1063-1072.
- Strayhorn, J., Weidman, C., & Larson, D. (1990). A measure of religiousness, and its relation to parent and child mental health variables. *Journal of Community Psychology*, *18*, 34-43.
- Thornton, A. (1985). Reciprocal influences of family and religion in a changing world. *Journal of Marriage and Family*, *47*, 381-394.
- Weintraub, M., & Wolf, B. M. (1983). Effects of stress and social support on mother-child interactions in single and two-parent families. *Child Development*, *54*, 1297-1311.
- Wilcox, W. B. (1998). Conservative Protestant childbearing: Authoritarian or authoritative? *American Sociological Review*, *63*, 796-809.
- Wilcox, W. B. (2002). Religion, convention and parental involvement. *Journal of Marriage and Family*, *64*, 780-792.
- Wiley, A., Warren, H., & Montanelli, D. (2002). Shelter in a time of storm: Parenting in poor rural African American communities. *Family Relations*, *51*, 265-283.